

Healing Lives Families & Communities

441-5300

NORFOLK COMMUNITY SERVICES BOARD

Commissioner's Message

of Hope and Recovery

I recently joined about twenty thousand psychiatrists in Atlanta for the annual meeting of the American Psychiatric Association. There were hundreds of seminars and workshops to choose from on topics ranging from neurotransmitters to the impact of world terrorism.

Amidst all this wisdom and information being shared by national experts, I was most impressed by a speaker who was not a scientist, psychiatrist or clinician. This person had done no research and had little formal knowledge about the field of psychiatry—yet she drew the largest attendance of any presentation at the conference.

Monday evening I sat spellbound along with several hundred other psychiatrists and clinicians as we listened to the author of the best selling book "I am the Central Park Jogger." Perhaps you have read about Risha Meili, on the cover of a recent issue of USA TODAY, or seen her interviewed on Larry King Live. Ms. Meili kept her identity private for 14 years after the trauma that occurred the evening she went jogging in New York's Central Park. She was attacked, had her skull beaten in, raped, and left to die. She lost nearly 85% of her blood volume and was comatose when she was found and taken to a New York City Hospital where she miraculously survived. She awoke from the coma after 6 weeks and was not expected to be able to do much in the way of speaking, thinking or using much of her body.

In spite of the prognosis, Trisha Meili began the slow and painful process of recovery. She recounted the months and months of rehabilitation that required her literally to learn how to speak and use her muscles as if she were learning it for the first time. It was grueling work where small steps were mixed with frustrating setbacks.

During her speech at the APA meeting, Trisha reached underneath the podium and pulled out a medal attached to a ribbon. She said that

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Qualified Peer Support Group (QPS)

Substance Abuse Opioid Treatment Program

We are a group of past and present patients. We suffered for many years with a crippling disease known as opioid dependency. Our pain and sorrows knew no bounds. We soon stopped the hurt when we made

a decision to receive treatment and recover with the use of methadone. Now, Incide years later, because of our accredited treatment program and our continuous recovery efforts, we feel compelled to lend a helping hand to others caught in the enormous fight for their lives, the lives of their family members and, subsequently, their communities.

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Activities for National Alcohol & Drug Abuse Recovery Month

Staff Training Opportunity

Tuesday, September 13

TDC Third Floor Conference Room—307 10:30 am-12:00 Noon

Michael Bowen, M.D., of Virginia Beach Psychiatric Hospital, will present training on Cross Addiction Issues with an Emphasis on Sexual Addiction.

25 seats open to SA staff; 15 open to other Board staff. Call Chris Young to register.

Sober Jam

Friday, September 16

Hospitality Center 5:00-9:00 pm

Music, snacks, games and a fun-filled night for all Substance Abuse patients.

Community Forum

Tuesday, September 20

St. Mark Missionary Baptist Church-Edmonds Center 2714 Frederick Boulevard, Portsmouth 23704 6:00 - 8:30 pm

Panel experts will talk about the relationship between drugs, alcohol, general health and mental health. A local family will speak out about their concerns and the impact of drug and alcohol use. The forum is free and open to the public. Refreshments will be served.

Registration is requested by September 10th. Contact Heather Pinkerton at (757) 233-6900.

Staff Luncheon

Thursday, September 22

TDC - Rooms 202 and 203 1:30-3:30 pm

A Luncheon celebrating Substance Abuse Staff. Special Guest Speaker Steve Philbrick, Motivational Speaker and Life Coach

Staff Leaders Meeting

Wednesday, September 28

Hospitality Center 3:00 - 5:00 pm

The Strength of Giving Back: Peers Helping Peers

Provider Fair

Thursday, September 29

Location to be Announced 11:30 am-3:30 pm

Fair for Substance Abuse patients with community exhibitors, wellness screenings, door prizes and more

Special Guest Speaker Joe Battle, President, SAARA—Tidewater

The Star Thrower

The story of *The Star Thrower* was originally written by Loren Eisley but has been retold in many versions.

Early one morning, a man was walking along a beach. In the distance, he saw a figure moving like a dancer. As he approached, he saw that the figure was a woman, and she was not dancing, but was throwing something into the ocean. Curious, he moved closer, and asked the woman what she was doing.

The woman paused, looked up and replied, "I'm throwing starfish into the ocean. The sun is up and the tide is going out. If I don't throw them back in, they will die."

The man looked around the beach and saw hundreds and hundreds of starfish. "Don't you see that there are many, many more than you can possibly save? You can't possibly make a difference."

The woman listened politely, bent down, threw another starfish into the water and said, "Made a difference to that one!"

Each staff person is a *Star Thrower* for our consumers of mental health, mental retardation and substance abuse services.

We know that there are hundreds and hundreds of people who are impacted by mental illness, mental retardation or substance abuse. We know that we will never be able to completely eliminate the stigma associated with mental disabilities. But we can make a difference one person at a time.

This is our challenge!

Thanks to all the Star Throwers at Norfolk CSB!

—Thanks to Heather Carpenter, MRFD, for passing on this story



Infant Development Program Graduation Thursday, August 18, 2005







Ninety-seven children graduated from the Infant Development Program during 2005.

This program is for infants from birth to three years of age with or at risk of developmental delays.



Norfolk CSB congratulates

Felicia Laws

Support Technician MH PACT Program

has earned her
Masters Degree in
Business Administration from
Averett University

Kudos

Peggy Crutchfield

Coordinator

Community Development

has been appointed Chair of the Chronic Homeless Committee of the Norfolk Homeless Consortium

DeNita Square

Residential Development Coordinator

has been appointed the Norfolk CSB representative to the Regional Homeless Management Information System (HMIS). The system captures demographics and services received.

announces

Staff Transfers

Gary Waters

has transferred to SA Case Management & Specialty Services

Beebe Telfair

has transferred to SA Case Management & Specialty Services

City of Norfolk Training

On Thursday, June 30, 2005, **John Creekmore** completed the City of Norfolk *Two Dimensional Supervision* Seminar.

Another Great Web Resource

The Virginia Judicial System's website: www.courts.state.va.us offers a host of public information including (but not limited too):

- Virginia Courts: Information on the Supreme Court, the Court of Appeals, Circuit Court, General District Court and information for all courts.
- Case Information: Supreme Court of Virginia; Court of Appeals of Virginia; Circuit Court; Circuit Court Records & Fees; and General District Court.
- Forms: Supreme Court of Virginia; Circuit Court; J & DR
 District Court; Judicial Inquiry and Review; Medication Forms
 and Parent Education.
- Publications & Statistics: General; About Courts; Magistrate;
 Medications; Guardians Ad Litem; Caseload Statistics; and
- Guardians & Conservators for Incapacitated Adults.
- People: Search for People; Justices & Judges; Chief Magistrates; Licensed Property & Surety Bail Bondsman; Searchable Mediator Directory; Court Certified Mediators; Qualified Guardian Ad Litem for Adults & Children; Certified Court Appointed Attorneys; and Parent Education Providers.
- Programs & Services: Judicial Inquiry and Review;
 Educational Services; Law Library; and Parent Education Providers.

MESA Classes Begin

The fall session of the Mutual Education, Support and Advocacy (MESA) classes will begin on **Tuesday, September 6** at 7:00 pm at the Hospitality Center, 6401 Tidewater Drive.

MESA is a complete layperson's guide to the basics of mental illness and is designed to help family members, friends and caregivers of the mentally ill deal with the effects of diseases such as schizophrenia, bipolar disorder and major depression.

Topics covered include symptoms, effects on the family, medications, stress and communication.

Admission and parking are free.

For further information, contact John Creekmore at 441-1170

Length of Service

Congratulations to the following staff members who celebrate the anniversary of their employment with Norfolk CSB in **September**:



Birthdays at the Board

When you see them, say Happy Birthday to these staff members who celebrate their birthdays in **September**:

Felicia Laws (2)
Gail McLemore (3)
Sheryl Dial (5)
Trish Fowler (6)
Richard Allen (7)
Pamela Frank (7)
Sheila Banks (9)
Carol Sandloop (9)
Daphne Bell (13)
Rene Faulkner (13)
Cheryl Davidson (14)
Willa King (14)

Cynthia Williams (15)
DeNeshia Bickley (18)
Kat Cannady (21)
Sheila Rogan (21)
Martha Shurts (21)
Roseann Smith (22)
Verneicia Bell (24)
Carl Brockett (24)
Annette Tackett (25)
Edith Payne (26)
Marcelina Hardy (27)
Alice Newton (27)

Norfolk CSB welcomes New Employees

Stephanie Gore

Counselor III
MRFD - Prevention & Youth

Glenda Sharp

Counselor III
MRFD Prevention & Youth

Renee Jackson

Counselor II
MH Supportive Living

Jennifer Jones

Counselor II (PPT)
MH Supportive Living

Kelly Greenberg

Counselor I MH Hospitality Center

Kim Twine

Nurse Case Manager III
MH PACT

Justin Simpson

Case Manager III (PPT) MH Case Management

Holly Martz

Case Manager II
MRFD Case Management

Erica Parker-Jackson

Case Manager II MH Homeless Project

Meredith Jones

MH PACT

Joanne Skinner

Support Technician Medical Services Unit

Brandon Harris

Maintenance Worker I ADM Facility Maintenance

Recovery and Hope

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shortly after regaining consciousness, among the myriad of cards and letters of encouragement, there was a letter from a man who said he was so moved by her story that he had decided to run the New York City Marathon in her honor. A few days after the race the medal that the man had received for completing the race arrived in the mail. He wanted her to have it to honor her and inspire her on her road to recovery.

So picture this. Here is a woman who has accomplished amazing things. She has written a best selling book. She has been able to quit her job as an investment banker and now is a highly sought after motivational speaker. She is in a satisfying relationship. She has nearly full use of her mind and body that was believed to be nearly impossible by some of her physicians. And, several years ago, she herself trained for and completed the New York City Marathon in about 4 hours and 30 minutes, running past the place where she nearly lost her life!

And yet, did she show us her own NYC Marathon medal? No. The show and tell that she held up in front of a packed auditorium with loving pride was a medal originally belonging to someone else. . . someone who had given her the message of hope. . . given at just the right moment on her road to recovery from her devastating injuries.

Trisha Meili received a standing ovation following her talk to an auditorium full of psychiatrists. It is no surprise. She has such a powerful story of recovery, determination, and the strength of the human spirit in the face of unimaginable odds. Her story reminded me, again, of how critical it is that we provide a message of hope to the people that we serve. It reminded me, again, that we will not be able to transform our mental health, mental retardation, and substance abuse service system without fully understanding and implementing the vision of recovery. Instilling hope with individuals and helping them restore morale is the key ingredient of the recovery vision.

We may—without even knowing it—be the person sending the medal. We may be the one person sending the message that no one else has sent. It may be the one message that keeps them alive. It may be the thing that helps them to do what no one thought possible. It may be the thing that they will always cherish, always remember, and always show the world with pride.

—James S. Reinhard, M.D. Commissioner, DMHMRSAS

Qualified Peer Support Group (QPS)

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"Because somebody was kind enough to reach out and help me, I now want to give back what I got."

"I now have the feelings necessary to be able to care about another human being; in my disease I did not have it. I was consumed. Today, I can and will be a part of a support network that will help others until they are able to take solid steps toward recovery."

"I am no longer a taker, but a cheerful giver. Today."

"Today, I have more than I ever thought I could, and by working with others it will show them that it is possible to be clean and have a good life. It's my way of saying thank-you to OTP for helping me get my life back."

"I just want to help somebody from going back in those streets. Maybe if there had been a helping hand when I first came in the program it would not have taken me so long to recover."

"I only want to help someone if I can."

These are the thoughts and feelings of a group of men and women who came together and formed the Qualified Peer Support Group on May 18, 2005. We knew that we could and would be in the process of helping others from that first meeting. The only requirement to join our organization was to meet several indicators that we thought were the most important:

- 1. 1 year in Level 5
- 2. Compassionate and Committed
- 3. A positive model of appropriate recovering behaviors
- 4. Ability to communicate effectively
- 5. Principles before individual personalities

The Right Tools

We refused to take on this ample task without the right tools. We knew that there was much to learn about helping others and we were committed to, above all, doing no harm. We accepted the fact that there were

Qualified Peer Support Group (QPS)

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things that we needed to learn in order to be both efficient and effective. We asked Nicole Dixon, Norfolk CSB Organizational Development Specialist, to be kind enough to train us after her work hours on topics such as cultural diversity, competence, duty to warn, communication styles, rules of confidentiality and boundaries. We have adopted a policy that will allow us to continue to learn such topics as how to listen more effectively, when to self-disclose, and how to have better communication skills.

This is one reason why we smugly adopted the name Qualified Peer Support Group: we are not willing to take anything for granted or for chance. We humbly recognize the fact that a human life is precious and at stake. Nevertheless, this name is subject to change shortly. We have decided that the patients of OTP are our driving force and therefore we will allow them to define us by giving QPS a more suitable name in the near future. But, for now, we gratefully answer to QPS.

Our mission statement

QPS is designed to share our individual successes to empower others with the necessary tools to fight and recover from the disease of addiction.

Our goals are three fold:

- 1. To mentor peers in maximizing and engaging more actively in their treatment experience.
- 2. To encourage and support peers in building healthy lifestyles.
- 3. To establish trusting relationships that support and encourage peers recovery efforts.

QPS will accomplish these goals by recognizing our individual strengths within our team. Hence, we will accomplish the goals in a manner that is safe for our members as well as our peers. We will present to the peers several options in which they can become acquainted and familiar with our organization's skills, talents, and abilities and vice versa. We present the following options and opportunities:

 Peer Presentation Program. One way to facilitate the healing process is through education. We will research topics of interest and present them in a lecture format. Peers will receive group credit for attendance. Also, we have members who are willing to work with the staff at the Tidewater Drive Center in presenting information to newcomers about the treatment and recovery process here at OTP.

- OTP/Narcotics Anonymous. We will soon be holding NA meetings at the TDC. They will be held on Wednesdays at 6:00 pm. What better way to help someone but through the proven series of the 12 steps of Narcotics Anomymous?
- Life Skills Development. We feel that recovering a lifestyle can be exciting and fun. We want to teach people how to enjoy this process both on and off the clinic. Therefore, in the future we will arrange social functions that can model appropriate healthy adult behaviors in social settings, such as picnics, bowling, dances, fishing, or just playing cards with a soda pop instead of a beer.

Finally, we understand that anything worth having can be measured. We hope and pray that we will continue to give as much as we have received. If we can do that much, then much will be gained through out efforts. We will measure our efforts by how many people we serve and with the use of short evaluation forms given at the end of our events.

Let us take this moment to thank all the staff in OTP for their support and encouragement. Together, we feel and know that this is a win-win situation.

—QPS, as related to Gloria Miller-Polite



August 2005

A Poem

by Sharee Cogar

What is the true meaning of mothers? We are people who run around paying bills, going to doctors appointments, buying food, cleaning house, reading books, singing songs.

Yes we do those things and much more.

We are special people that God has picked out, our number was pulled and we were picked to do one of God's greatest jobs, loving our children.

We will always be more than mothers. We are lawyers, we give legal advice in their times of trouble and only God stands to judge us on how we raise and what we taught them.

But their cost is more than money, it is love.

We are doctors, we fix the bumps and cuts and we never run out of Band-Aids.

We are teachers, teaching them right from wrong, guiding them on the right road, giving them the skills they will need as an adult.

And we use a firm voice but with a loving hand and open arms.

They are special needs children, but they are angels in waiting, they are wonderful gifts given to us by God. Celebrate them always.

And how many of us in moments look into our child's face and see hope for a brighter day. Angels sit silently with us as we cross bridges with our children who have special needs.

Can you just imagine the scene in heaven, everyone shouting and clapping, a riot of music filling the heavenly vault, smiles of joy on each celestial face, all because your child was born. Creation would have been incomplete without you.

God knew how much the world needed your smile, your hands, your voice, your way of thinking, your love.

God speaks through you in a way he can through no other.

And I am sure that you have asked yourself this many times:

What happened to my child, so cute and sweet, a real bundle of joy?

Everything I wanted, a baby to adore.

When did you turn away, become frightened, refuse to play?

What is causing you to behave this way?

I see in your face this world has become a scary place.

I can't ask you why and at times I can't get into your world,
but I know you feel safe there. To see you play brightens my day.

Please look forward to the next day and get excited about
Santa and the Easter Bunny and understand why a joke is funny.

My child, you have only one life to live and I want you to enjoy all I can give. I know your learning will not end, and sometimes I know you can't comprehend, you don't know right from wrong.

And I will always hope and pray tomorrow you will be better than today.

I take actions which keep up hope in my confidence and ability to cope.

Even though you may resist, continue to teach an assist, all of my resources

I have stocked to try to open your mystery lock.

And one day I'll find the key that will change your destiny.

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Wellness Fact Sheet

How to Keep Your Cholesterol in Check

EAT RIGHT

- ✓ LIMIT fatty red meats, butter, cream, whole milk and cheeses—also coconut, palm and palm-kernel oils. All are high in saturated fat, which raises your blood cholesterol even more than high cholesterol foods.
- ✓ GO for fruits, vegetables, and whole grains, which are naturally low in fat. Benefit: You'll likely eat fewer calories, thus helping you lose extra pounds. This in turn will help lower your cholesterol.
- ✓ AVOID cholesterol-rich foods. Examples: egg yolks, shrimp, squid, and organ meats like liver.
- ✓ FILL up on starch and fiber. Food High in both are low in saturated fat and cholesterol.
 Good Choices: Oat and barley bran, peas, beans, potatoes, yams, breads, and cereals



- ✓ COOK smart. Microwave, steam, poach, broil, or bake. Trim fat from meats and skin from poultry before eating.
- ✓ USE oils sparingly. Choose monounsaturated" types such as olive or canola oil, or "polyunsaturated" such as corn or soybean oil. Why: They contain little saturated fat and may actually help reduce cholesterol levels.
- ✓ RESTRICT alcohol to no more than 1-2 drinks a day if you drink. Alcohol may raise blood cholesterol.

Know your numbers

All healthy adults age 20 and over should have their blood cholesterol years.

Where to get tested: doctor's office, health fairs, and drugstores

LIVE RIGHT

- → Keep moving. Exercise raises HDL and lowers LDL levels. *Wise workouts*: brisk walking, jogging, swimming, biking, dancing, and climbing stairs.
- → Control other heart risks, such as diabetes and high blood pressure. *How:* Be active, watch what you eat, control your weight, take medication if prescribed and get regular health checkups.
- → Don't smoke. Smoking is known to lower HDL levels plus raise your risk of heart attack, stroke and cancer. *Fact:* Quitting can cut risk of heart attack by 50-70% within 5 years.
- → Reduce stress. Lightening up can be a lifesaver, since people who overreact to stressful situations seem more likely to have heart trouble.
- → Help your medicine help you. If your doctor prescribes a cholesterol-lowering drug, be sure to also continue with the other cholesterol-controlling steps. Doing so may reduce the amount of medicine you need and help the medication do a better job for you.